



PATENT APPLICATION

FEE AUTHORIZATION / EXTENSION OF TIME

Attorney's Docket No:
A-345

Serial No.

08/474,833

Filing Date

June 7, 1995

Examiner

Draper, G.

Group Art Unit

1812

Application of
Pelleymounter et al.

For

OB PROTEIN COMPOSITIONS AND METHODS

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

☒ Applicant(s) petition(s) for the following extension of time under 37 C.F.R. 1.136(a):☐ One month of original due date (\$110.00)☐ Two months of original due date (\$390.00)☒ Three months of original due date (\$930.00)☐ Four months of original due date (\$1,470.00)☒ A response in connection with the matter for which this extension is requested:☐ is filed herewith.☐ has been filed.☒ The response is the filing of a continuation application having an express abandonment conditioned on the granting of a filing date to the continuing application.☐ The accompanying papers include amended claims for which no additional fee is required.☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

CLAIMS AS AMENDED

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) No. of extra claims present	(6) Rate	(7) Additional Fee
Total Claims		Minus	=		x \$22	=
Indep. Claims		Minus	=		x \$80	=

Total Additional Fee for this Amendment

*If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ The following other fees are incurred by the accompanying papers.☐ Other: _____

charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$930.00. A duplicate copy of this petition is attached.

If an extension of time is required, please consider this a petition therefore.

I am hereby authorized to charge any additional fees which may be required by the Assistant Commissioner, or credit any overpayment to Deposit Account No. 01-0519.

Signed To:

1833

Karol M. Pessin

Attorney/Agent for Applicant(s)

Registration No.: 34,899

Phone: (805) 447-2193

Date: September 27, 1997

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SEP 22 1997

GROUP 1800

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